LADIES AUX VFW ANNUAL/LIFE MEMBERSHIP APPLICATION

THIS IS A PERMANENT RECORD - PLEASE PRINT IN INK

❑ New ❑ Reinstated ❑ Transfer # _____

I hereby apply for: ❑ Annual or ❑ Life Membership in Auxiliary No. _____ located in _____ (City) _____ (State)

❑ Member at large ❑ Life Member at large Department of _____

Name _____ (Last) _____ (First) _____ (Middle) Date of Birth: ___ / ___ / ____ (MM / DD / YYYY)

Address _____ (Number and Street) _____ (City) _____ (State) _____ (Zip) Phone (____) _____

Relationship _____ to _____ (Eligible Veteran), member of VFW Post No. _____

Name of campaign ribbons or medals: _____

Foreign Service: ___ / ___ / ___ (Date) to ___ / ___ / ___ (Date) Where: _____

❑ I am a current/former member of Auxiliary No. _____ City _____ State _____ Membership No. _____

Credit Card Number: _____ Credit Card Expiration Date: ____ / ____

LIFE MEMBERSHIP ONLY

Payment Method: ❑ Cash ❑ Check ❑ Visa ❑ Mastercard ❑ Discover Life Membership Fee $ _____

I understand that if my Auxiliary has cancer insurance coverage, I am responsible for my own premium payment.

❑ Check here if this is a gift. Card will be mailed to **Auxiliary Treasurer**

I certify that I am a citizen of the United States of America. I further state that I believe in God. I pledge to comply with the National Bylaws of the Ladies Auxiliary to the Veterans of Foreign Wars of the United States.

Applicant's signature _____ Date Signed _____

In the presence of Almighty God and the members of this organization here assembled, I do of my own free will and accord, solemnly promise that I will never wrong or defraud this organization nor a member thereof nor permit either to be wronged if in my power to prevent it. I will never propose for membership, any person not eligible, according to our Bylaws. I will be faithful to the United States of America, obedient to the laws and loyal to the Flag. Should my membership with this organization cease in any way, I will consider this obligation as binding outside of the organization as though I had remained a member. I do so promise.

Applicant's Signature _____

Recommended by: _____

Member, Aux. or Post No. _____ Date __ / __ / __

Admission Fee paid $_____ Dues paid $_____

Date ___ / ___ / ___ (MM DD YYYY) Life Membership Fee paid$ _____

(Per section 105 of the Bylaws, the investigating committee shall investigate the eligible veteran's proof of honorable service, unless he/she is a member of the VFW Post to which the applicant is applying for membership. They shall recommend election or rejection based on eligibility.)

The investigating committee recommends:

❑ election ❑ rejection

Signatures of investigating committee members:

_____

_____

_____

Applicant elected ___ / ___ / ___ (MM DD YYYY) Obligated ___ / ___ / ___ (MM DD YYYY)

The annual dues of each member includes a year's subscription to the Ladies Auxiliary VFW magazine. Each applicant, upon acceptance, will be so notified and furnished with an official dues receipt showing membership for the year for which dues or Life Membership fees have been paid.

Revised 5/02